

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/54473

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1	1			
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
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TOTAL IND.	1		2			
TOTAL DEP.	13	←	12	←		
TOTAL CLAIMS	14	████████	14	████████		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					████	████
TOTAL DEP.		████		████	████	████
TOTAL CLAIMS		████████		████████	████████	████████